

# *Exhibit 20*

## DISABILITY CERTIFICATE

Internal Medicine Associates of Flint PC  
G5067 Bristol Rd  
Flint, MI 48507  
Phone: 810-733-0806  
Fax: 810-733-8433

Date: 2 / 9 / 08

Date of injury: \_\_\_\_\_

Patient Name: \_\_\_\_\_

I have examined and/or treated the above named patient for injuries sustained in an automobile accident on the aforementioned date. As a result of the injuries, it is my professional opinion that the patient is disabled from doing the following activities:

Employment from: 2 / 9 / 08 to: 3 / 9 / 08  
"Employment" which involves bending, lifting, twisting and prolonged standing.

Housework duties from: 2 / 9 / 08 to: 3 / 9 / 08  
"House work", "caring for the patient personal needs" and "caring for the patient children" which involves bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs and toilets, moving furniture, picking up objects from the floor, changing children's clothes, bathing, cooking, watching, feeding, cleaning and straightening up after children, carrying groceries and garbage.

\_\_\_\_\_ Attending care required from: \_\_\_\_\_ to: \_\_\_\_\_

Driving due to physical limitation

\_\_\_\_\_ Other \_\_\_\_\_

It is my professional opinion that the patient is/was disabled from performing the above mentioned activities from: 2 / 9 / 08 to: 3 / 9 / 08

Physician Signature: S. J. Hoban MD Date: 2 / 9 / 08

Physician Name: S. J. Hoban

**DISABILITY CERTIFICATE**

Internal Medicine Associates of Flint PC

G506~ Bristol Rd

Flint, MI 48507

Phone: 810-733-0806

Fax: 810-733-8433

Date: 7 24 08Date of injury: 2 20 08Patient Name: 

I have examined and/or treated the above named patient for injuries sustained in an automobile accident on the aforementioned date. As a result of the injuries, it is my professional opinion that the patient is disabled from doing the following activities:

Employment from: 7 24 08 to: 8 24 08

"Employment" which involves bending, lifting, twisting and prolonged standing.

Housework duties from: 7 24 08 to: 8 24 08

"House work", "caring for the patient personal needs" and "caring for the patient children" which involves bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs and toilets, moving furniture, picking up objects from the floor, changing children's clothes, bathing, cooking, watching, feeding, cleaning and straightening up after children, carrying groceries and garbage.

Attending care required from: \_\_\_\_\_ to: \_\_\_\_\_

Driving due to physical limitation

Other \_\_\_\_\_

It is my professional opinion that the patient was disabled from performing the above mentioned activities from: 7 24 08 to: 8 24 08

Physician Signature: S. J. Hoban Date: 7 24 08

Physician Name: S. J. Hoban MD

**DISABILITY CERTIFICATE**

Internal Medicine Associates of Flint PC

G5067 Bristol Rd

Flint, MI 48507

Phone: 810-733-0806

Fax: 810-733-8433

Date: 2/21/08Date of injury: 2/21/08Patient Name: 

I have examined and/or treated the above named patient for injuries sustained in an automobile accident on the aforementioned date. As a result of the injuries, it is my professional opinion that the patient is disabled from doing the following activities:

Employment from: 2/21/08 to: 3/21/08.

"Employment" which involves bending, lifting, twisting and prolonged standing.

Housework duties from: 2/21/08 to: 3/21/08

"House work", "caring for the patient personal needs" and "caring for the patient children" which involves bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs and toilets, moving furniture, picking up objects from the floor, changing children's clothes, bathing, cooking, watching, feeding, cleaning and straightening up after children, carrying groceries and garbage.

Attending care required from: 2/21/08 to: 3/21/08

Driving due to physical limitation

Other

It is my professional opinion that the patient is/was disabled from performing the above mentioned activities from: 2/21/08 to: 3/21/08

Physician Signature: S. J. Hoban MD Date: 2/21/08

Physician Name: S. J. Hoban

*Extension  
3/21/08-3/20/08*

05/02/2008 14:46 FAX 810 733 8433

SCHOOLFIELD GUTIERREZ

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✓ 22-A795-092

DISABILITY CERTIFICATEInternal Medicine Associates of Flint PC:5306 Bristol RdFlint, MI 48507Phone: 810-733-0806Fax: 810-733-8433Date: 4/8/08Date of injury: 3/3/08

Patient Name: \_\_\_\_\_

I have examined and/or treated the above named patient for injuries sustained in an automobile accident on the aforementioned date. As a result of the injuries, it is my professional opinion that the patient is disabled from doing the following activities:

Employment from: 4/8/08 to: 5/8/08  
 "Employment" which involves bending, lifting, twisting and prolonged standing.

Housework duties from: \_\_\_\_\_ to: \_\_\_\_\_

"House work", "caring for the patient personal needs" and "caring for the patient children" which involves bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs and toilets, moving furniture, picking up objects from the floor, changing children's clothes, bathing, cooking, watching, feeding, cleaning and straightening up after children, carrying groceries and garbage.

Attending care required from: 4/8/08 to: 5/8/08 (4/8 Hrs)  
 Driving due to physical limitation

Other \_\_\_\_\_

It is my professional opinion that the patient is was disabled from performing the above mention activities from: 4/8/08 to: 5/8/08

Physician Signature: S. J. Hoban Date: 4/8/08

Physician Name: S. J. Hoban

MAY 20 2008 14:35 FAX 810 733 8433

SCHOOLFIELD GUTIERREZ

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DISABILITY CERTIFICATE

Internal Medicine Associates of Flint PC  
G5067 Bristol Rd  
Flint, MI 48507  
Phone: 810-733-0806  
Fax: 810-733-8433

Date: 5/20/2008Date of injury: 3/14/08Patient Name: 

I have examined and/or treated the above named patient for injuries sustained in an automobile accident on the aforementioned date. As a result of the injuries, it is my professional opinion that the patient is disabled from doing the following activities:

Employment from: 5/20/08 to: 6/20/08

"Employment" which involves bending, lifting, twisting and prolonged standing.

Housework duties from: 5/20/08 to: 6/20/08

"House work", "caring for the patient personal needs" and "caring for the patient children" which involves bending, lifting, twisting, and prolonged standing as required by vacuuming, making beds, washing floors, sinks, bathtubs and toilets, moving furniture, picking up objects from the floor, changing children's clothes, bathing, cooking, watching, feeding, cleaning and straightening up after children, carrying groceries and garbage.

       Attending care required from:       /      /       to:       /      /      

Driving due to physical limitation

       Other \_\_\_\_\_

It is my professional opinion that the patient is/was disabled from performing the above mention activities from: 5/20/08 to: 6/20/08

Physician Signature: S.J. Hoban Date: 5/20/08

Physician Name: S.J. Hoban MD